MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/926382   FILING DATE –

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51						
2				1				52						
3				1				53						
4				1				54						
5				1				55						
6				1				56						
7				1				57						
8				1				58						
9			1					59						
10				1				60						
11				1				61						
12				1				62						
13				1				63						
14				1				64						
15				1				65						
16				1				66						
17				1				67						
18								68						
19								69						
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39								89						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		↓	2	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	15	←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS			17					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)